

Children's Social, Emotional & Behavioral Health Plan



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Overview

- Existing State Framework
- Children's Social, Emotional and Behavioral Health Plan

Existing State Framework





Existing State Framework

- Division of Exceptional Learners (DEL)
State Improvement Grant goals
- Systems of Care
- Policy Academy
- State Mental Health Transformation
- Crisis Intervention Plans
- University of California, Los Angeles (UCLA) School Mental Health Project
- Senate Enrolled Act 529



DEL State Improvement Grant (SIG) Goals

- There are five DEL goals through the SIG grant. Three of the five goals are pertinent to children's mental health services:
 - Assist school-aged children to successfully meet challenging academic and functional achievement standards.
 - Improve early childhood programs and transitions.
 - Improve system-level partnerships and collaborations among families, schools and community agencies.



Systems of Care

- In 2000, Indiana Division of Mental Health and Addiction (DMHA), part of the Family and Social Services Administration (FSSA), initiated implementation of the statewide Systems of Care (SOC) network to better meet the mental health needs of Indiana children.
- By 2006, 51 of Indiana's 92 counties will have identified SOC programs. SOC programs are being added yearly to the remaining counties.



Systems of Care

- Build community systems of care among families, policy makers, and workers in child welfare, juvenile justice, education, mental health and community based organizations.
- About 75% of Indiana's youth live in areas served by a Systems of Care program.



Policy Academy

- Many agencies participated in the Child Welfare Policy Academy to develop the Early Identification and Intervention Initiative.
- The Policy Academy works to develop systems to screen and assess children with mental health needs who have been placed in substitute care.



State Mental Health Transformation

- The State of Indiana is committed to:
 - Transforming the public mental health system for people of all ages who are at risk, or experiencing serious mental illnesses and serious emotional disturbances; and
 - Reducing the cost of untreated mental disorders.



Crisis Intervention Plans

- IDOE's Office of Student Services personnel, in conjunction with school administrators and community crisis intervention personnel, developed the crisis intervention plans, as required by statute in the Student Services rule, Section 7.
- Crisis intervention plans focus on disaster recovery and action plans. We need to incorporate mental health services into the plans.



The UCLA School Mental Health Project

- The School Mental Health Project (SMHP) was created in 1986 to pursue theory, research, practice and training to address mental health and psychosocial concerns through school-based interventions.
- SMHP works closely with school districts, local and state agencies, special initiatives and organizations, and colleagues across the country.



UCLA School Mental Health Project

- In 1995, the project established its national Center for Mental Health in Schools as part of the federal mental health in schools program.
- The UCLA School Mental Health Project has held a national summit, three regional summits, and state summits in Indiana, California, Minnesota, Texas, Connecticut and Wisconsin. The Indiana Summit was held in Indianapolis on April 26, 2004.



UCLA School Mental Health Project

- In general, the goals for each state summit were to:
 - Clarify basic frameworks for new directions in student support;
 - Mobilize local action toward new directions for student support;
 - Provide resource aids for moving forward; and
 - Develop a mechanism within the state for supporting new directions for student support.
- The Office of Student Services is the IDOE contact for this initiative.



Senate Enrolled Act 529

Chapter 16

- In the 2005 legislative session, our elected officials saw the need for a comprehensive children's mental health plan and passed Senate Enrolled Act 529, which includes a chapter regarding children's mental health services.



Senate Enrolled Act 529

Chapter 16

- The legislation calls for the State of Indiana (with IDOE as the lead agency) to develop a Children's Social, Emotional and Behavioral Health Plan, containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth (0) through age 22.



Senate Enrolled Act 529

Chapter 16

■ It also calls for:

- The adoption of joint rules under IC 4-22-2, concerning the children's social, emotional, and behavioral health plan.
- Hearings on the implementation of the plan before adopting joint rules under this chapter.

Children's Social, Emotional and Behavioral Health Plan





Interagency Task Force

- An interagency team has been formed which includes members from:
 - Department of Education
 - Department of Child Services
 - Department of Corrections
 - Division of Mental Health and Addiction, FSSA
 - Medicaid, FSSA
 - Department of Health
 - Governor's Office
- Medicaid/SCHIP, the Indiana Department of Health and the Governor's Office were not required by legislation but were added to the Interagency Task Force in order to provide a broader perspective.



Expectations of the Plan

- The Interagency Task force envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment across all state systems.
- Specifically, there are five expectations for the plan:
 - Better agency coordination
 - Early identification and intervention
 - Identification of ways to use resources wisely
 - Improve the process to receive services
 - Educate stakeholders regarding mental illness



Identified Barriers

- In most states and communities, significant barriers to mental health care services exist, and include fragmentation of services, high service costs, provider and workforce shortages, lack of availability of services, and stigma associated with mental illness.
- The Task Force identified Indiana specific barriers. These include the lack of funding, coordination, support, and early intervention initiatives.



Topics Covered by the Plan

- First meeting covered an inventory of existing systems which is still under development.
- The Plan covers assessment and screening, accountability and outcome measurement, finance and budget, best practices, referral networks, school standards, workforce development, and training.
 - So far we have covered the first three.
- The Plan will make recommendations on these topics and provide ideas for implementation.



Assessment and Screening

- Prevalence studies indicate that almost 21% of children, ages 9 to 17, meet the criteria for a mental health diagnosis.
 - 11% of that population has a *significant* functional impairment.
 - When *extreme* functional impairment is the criterion, the estimates are 5% of all children.
- These children experience significant impairments at home, at school, and with peers.
- For these children, early detection through screening can help.

Source: HHS, 1999; Shaffer et al., 1996.



Assessment and Screening

- Assessment versus screening
 - Screening describes a relatively brief process designed to identify youth at risk of having disorders that warrant immediate attention, intervention, or more comprehensive review.
 - Assessment is a comprehensive, individualized examination that is a lengthy and labor intensive.



Assessment and Screening

- Screening in child service settings, such as primary health care, child welfare, juvenile court/probation, and detention centers, can quickly identify youth who may have mental health or substance abuse needs.
- When possible behavioral health needs are identified, further assessment through a mental health specialist is recommended.
- Parental involvement and approval is essential in the screening, assessment, and treatment processes.



Assessment and Screening

- Much of the work on choosing an assessment tool was completed prior to SEA 529.
- The cross system Assessment Committee recognized that a standardized assessment process and instrument can serve multiple purposes.
- The Assessment Committee reviewed several tools and recommends using a comprehensive version of the Child and Adolescent Needs and Strengths (CANS) to assess the strengths and needs of children and their families across systems.



Assessment and Screening

- **Goal:** Establish standards for mental health assessments for children in all state systems.
 - **Strategy 1:** Differentiate between assessment and screening.
 - **Strategy 2:** Build upon the work of the Assessment Committee.
 - **Strategy 3:** Define current State Agency process for assessment.
 - Ensure parental consent for all assessments.
 - **Strategy 4:** Recommend use of the CANS as the assessment tool.



Assessment and Screening

- In order to implement the CANS, the following must occur:
 - Adequate funding is required to ensure access to a range of services.
 - The CANS must be tailored to Indiana's needs.
 - Training and certification of individuals using the tool must be designed and implemented.
 - A data management and quality management process (audit) must be designed.
 - Algorithms (patterns of CANS results) must be determined to establish criteria for different levels of service, such as the state hospital, Home and Community Based Medicaid Waiver, intensive community based or outpatient services.



Accountability & Outcome Measurement

- The plan must address shared accountability among state agencies in order to:
 - conduct ongoing needs assessments;
 - use outcome indicators and benchmarks to measure progress; and
 - implement quality data tracking and reporting systems.



Accountability & Outcome Measurement

- **Goal:** Responsible systems are accountable to provide a network of collaboration that assures that children and families receive needed social, emotional and behavioral health services.
 - **Strategy 1:** Establish procedure for Needs Assessment.
 - **Strategy 2:** Utilize indicators, outcomes and benchmarks to measure progress.
 - **Strategy 3:** Implement quality data tracking and reporting systems.
 - **Strategy 4:** Functionalize consistent nomenclature (set of terms for a particular discipline) across systems.



Accountability & Outcome Measurement – Strategy 1

- Establish procedure for Needs Assessment.
- Needs assessments are important because:
 - The cost of providing services is rising and the resources available for care are limited.
 - Many people have inequitable access to adequate services, and many governments are unable to provide such care universally.
 - There is a large variation in availability and use of services by geographical area.
 - Public expectations have led to greater concerns about quality of services.



Accountability & Outcome Measurement – Strategy 2

- Utilize indicators, outcomes and benchmarks to measure progress.
- Because of the increasing focus on accountability, clinicians, healthcare providers and administrators are interested in determining the outcomes of care.
- In order to effectively measure outcomes, the state must build consensus on outcomes through a public forum. State agencies must work with community partners to establish appropriate indicators, outcomes, and benchmarks.



Accountability & Outcome Measurement – Strategy 3

- Implement quality data tracking and reporting systems.
- There are many issues surrounding data:
 - Data are not consistent and not readily available;
 - Data may not contain all encounters;
 - Data primarily collect financial information on an individual;
 - Wide variance in different geographic regions;
 - Variability in nomenclature; and
 - Variance in expenditures for particular services.



Accountability & Outcome Measurement – Strategy 4

- Functionalize consistent nomenclature (set of terms for a particular discipline) across systems.
- Nomenclature refers to a system or set of terms for a particular discipline.
- Every state agency involved in providing services to children uses their own set of terms for diagnoses and services.
- In order to ensure we are providing a continuum of services, we need to identify the disparate nomenclature and establish shared terms across agencies.



Finance and Budget

- The Plan calls for a state budget for children's social, emotional, and mental health prevention and treatment.
- The Plan calls for recommendations as to how state agencies and local entities can obtain federal funding and other sources of funding.
- The two broad finance and budget goals address systems and equity issues.



Finance and Budget

- **Goal 1 - SYSTEMS:**

Maximize current investments and leverage available funds to ensure children receive the services they need.

- **Goal 2 - EQUITY:**

Children should receive services based on individual needs and strengths regardless of availability of funding.



Finance and Budget – Goal 1

- Maximize current investments and leverage available funds to ensure children receive the services they need by:
 - Ensuring families and parents have access to information regarding eligibility and available services;
 - Creating a central reimbursement entity to ensure collaborative funding involving DMHA, DCS, DOE, DOC (and other relevant agencies);
 - Examining a tiered approach to services based on levels of intensity;
 - Maximizing access federal funds;
 - Maximizing education funding;
 - Exploring use of Medicaid to ensure that children receive appropriate mental health services; and
 - Identifying necessary legislative changes.



Finance and Budget – Goal 2

- All children should receive services based on individual needs and strengths regardless of availability of funding by:
 - Examining eligibility and determining if state imposed eligibility can be changed and/or broadened;
 - Focusing on non-Medicaid eligible kids who do not have no private insurance and explore mechanisms and strategies for increasing private insurance coverage of children's mental health services;
 - Focusing on early intervention (ages 0-5); and
 - Identifying necessary legislative changes.



Next Steps

- Over the next several months, we will:
 - Finalize our finance and budget recommendations.
 - Continue to refine the draft plan.
 - Meet to discuss and make recommendations for best practices, referral networks, school standards, workforce development, and training.



Next Steps

- Public Forum on Wednesday, November 16, 2005, from 1 p.m. to 3 p.m. at the Government Center South Auditorium
 - For a draft of the plan visit our Web site at:
<http://www.doe.state.in.us/exceptional/TaskForce.html>
 - A draft plan will be available after November 1, 2005.
- The next Public Forum will be on Wednesday, March 22, 2006, from 10:00 a.m. to noon at the Government Center South Auditorium
- The plan is due June 1, 2006.

Questions?

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